

Policy Considerations

February 21, 2018

Q1a. Hepatitis A vaccines should administered for post-exposure prophylaxis for all persons age ≥ 12 months.

Q1b. In addition to hepatitis A vaccine, IG may be administered to persons age >40 years depending on the providers risk assessment.

Provider Guidance

- **Factors to consider in the decision to use IG in addition to vaccine**
 - Age
 - Immune status and underlying conditions
 - Exposure type (risk of transmission)
 - Availability of IG

Q2. Hepatitis A vaccine should be administered to infants age 6-11 months of age traveling outside the United States when protection against hepatitis A is recommended

■ Workgroup Considerations

- “All persons aged ≥ 6 months who plan to travel or live abroad should ensure that they have acceptable evidence of immunity to measles, rubella, and mumps before travel. Travelers aged ≥ 6 months who do not have acceptable evidence of measles, rubella, and mumps immunity should be vaccinated with MMR vaccine. Before departure from the United States, children aged 6 through 11 months should receive 1 dose of MMR vaccine...”¹
- Immune globulin and MMR vaccine should not be administered simultaneously.
- Therefore, infants aged 6-11 months who will be traveling internationally who also need protection against hepatitis A should receive a single dose of HepA vaccine.
- Infants should then start the 2-dose series of MMR and HepA vaccines at ≥ 12 months of age as recommended.

¹CDC. Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013. MMWR 2013 Jun 14;62(RR-04):1-34.

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Q1b. In addition to hepatitis A vaccine, IG may be administered to persons age >40 years depending on the providers' risk assessment.

Q2. Hepatitis A vaccine should be administered to infants age 6-11 months traveling outside the United States when protection against hepatitis A is recommended.